

DECLARATION

*(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL, CONTINUATION OR C-I-P)*

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- ☒ original
☐ design
☐ supplemental

NOTE: *If the declaration is for an international application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items.*

- ☐ national stage of PCT

NOTE: *If one of the following 3 items apply, then complete and also attach added pages for divisional, continuation or c-i-p.*

- ☐ divisional
☐ continuation
☐ continuation-in-part (C-I-P)

INVENTORSHIP IDENTIFICATION

WARNING: *If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.*

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

INFILTRATING A POWDER METAL SKELETON BY A SIMILAR ALLOY WITH DEPRESSED MELTING
POINT EXPLOITING A PERSISTENT LIQUID PHASE AT EQUILIBRIUM, SUITABLE FOR
FABRICATING STEEL PARTS

SPECIFICATION IDENTIFICATION

the specification of which: (*complete (a), (b) or (c)*)

- (a) ☐ is attached hereto.
(b) ☒ was filed on November 26, 2003 under Express Mail No. EV239312557US, attorney docket No. MIT 10327 US, and has been assigned Serial No. 10/____.

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

- (c) ☐ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____ (if any).

SUPPLEMENTAL DECLARATION (37 C.F.R. § 1.67(b))

(complete the following where a supplemental declaration is being submitted)

- ☐ I hereby declare that the subject matter of the
- ☐ attached amendment
- ☐ amendment filed on _____

was part of my/our invention before the filing date of the original application, above-identified, for such invention.

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information,

- ☒ which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

(also check the following items, if desired)

- ☐ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and
- ☐ In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))

NOTE: "The claim to priority need be in no special form and may be made by the attorney or agent if the foreign application is referred to in the oath or declaration as required by § 1.63. The claim for priority and the certified copy of the foreign application specified in 35 U.S.C. 119(b) must be filed in the case of an interference (§ 1.630), when necessary to overcome the data of a reference relied upon by the examiner, when specifically required by the examiner, and in all other situations, before the patent is granted. If the claim for priority or the certified copy of the foreign application is filed after the date the issue fee is paid, it must be accompanied by a petition requesting entry and by the fee set forth in § 1.17(i). If the certified copy is not in the English language, a translation need not be filed except in the case of interference; or when necessary to overcome the date of a reference relied upon by the examiner; or when specifically required by the examiner, in which event an English language translation must be filed together with a statement that the translation of the certified copy is accurate." 37 C.F.R. § 1.55(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §§ 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any

foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d) ☒ no such applications have been filed.

(e) ☐ such applications have been filed as follows.

NOTE: Where item (c) is entered above and the international application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)

Country (or indicate if PCT)	Application Number	Date of Filing (day, month, year)	Priority Claimed Under 37 USC 119
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) (34 U.S.C. § 119(e))

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

Provisional Application Number	Filing Date

CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S) UNDER 35 U.S.C. 120

☐ The claim for the benefit of any such applications are set forth in the attached ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CONTINUATION-IN PART (C-I-P) APPLICATION.

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete added pages to combined declaration and power of attorney for divisional, continuation or C-I-P application for benefit of the prior U.S. Or PCT application(s) under 35 U.S.C. § 120.

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

Brian _____ D. _____ Kernan _____
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship US

Residence 276 Massachusetts Avenue, Apt. 311, Arlington, MA 02474

Post Office Address same

Full name of second joint inventor, if any

Emanuel _____ M. _____ Sachs _____
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship US

Residence 18 Moreland Avenue, Newton, MA 02459

Post Office Address same

Full name of third joint inventor, if any

Samuel _____ M. _____ Allen _____
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship US

Residence 24 Alveston Street, Jamaica Plain, MA 02130

Post Office Address same

(check proper box(es) for any of the following added page(s) that form a part of this declaration)

☒ Signature for fourth and subsequent joint inventors. NUMBER OF PAGES ADDED
1.

* * *

☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. NUMBER OF PAGES ADDED _____.

* * *

☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. NUMBER OF PAGES ADDED _____.

* * *

☐ Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time (37 CFR 1.47).

* * *

☐ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application.

☐ Number of pages added _____

* * *

☐ Authorization of attorney(s) to accept and follow instructions from representative.

* * *

(if no further pages form a part of this Declaration, then end this Declaration with this page and check the following item)

☐ This declaration ends with this page.

Full name of fourth joint inventor, if any

Adam M. Lorenz
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship US

Residence 7 Buckingham Street, Somerville, MA 02143

Post Office Address same

Full name of fifth joint inventor, if any

(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence _____

Post Office Address _____

Full name of sixth joint inventor, if any

(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence _____

Post Office Address _____
